

APPLICATION FOR SPECIFIC USE PERMIT

Application is hereby made for a Specific Use Permit in accordance with Section 8-400 of the City of Longview Zoning Ordinance, as herein set forth, and in support of such request the following facts are shown:

APPLICANT _____
(Name) (Mailing Address, City and Zip)

(Phone) (E-mail address)

LEGAL DESCRIPTION OF PROPERTY _____
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

STREET ADDRESS _____

WIDTH IN FEET _____ DEPTH IN FEET _____

APPLICANT'S INTEREST IN PROPERTY _____
(Owner, Agent, Lease, Option, etc.)

SPECIFIC USE PERMIT IS REQUESTED FOR WHAT PURPOSE? _____

ZONING DISTRICT _____

DOES ARTICLE 8 OF THE ZONING ORDINANCE ALLOW A SPECIFIC USE PERMIT IN THIS ZONING DISTRICT?
☐ YES ☐ NO

ARE THERE DEED RESTRICTIONS THAT WOULD PREVENT THIS PROPERTY BEING USED IN THE MANNER HEREIN PROPOSED? ☐ YES ☐ NO IF YES, PLEASE PROVIDE DEED RESTRICTIONS.

HAVE ALL PERSONS HAVING ANY FINANCIAL INTEREST IN THE REQUEST BEEN LISTED OR ARE SIGNATORIES TO THIS APPLICATION? ☐ YES ☐ NO

Date Signature of Owner

THE FOLLOWING IS TO BE COMPLETED ONLY IF A PERSON (S) OTHER THAN THE OWNER IS MAKING THIS APPLICATION.

I, _____, do hereby certify that I am authorized to act for _____, owner of the above named property in making this zoning application.

(Signature)

(Date)

FOR OFFICE USE ONLY	
APPLICATION FEE:	\$307.00
CASH/CHECK:	_____
DATE RECEIVED:	_____
ENTERED BY:	_____